

Manual Vacuum Aspiration

A safe, effective and patient-centered method of uterine evacuation for induced abortion, early pregnancy loss and postabortion care



MVA is recommended for uterine evacuation at <14 weeks as an alternative to electronic suction and dilatation and curettage. The technology is designed to increase access to abortion and early pregnancy services beyond the operating room in all healthcare contexts providing choice, satisfaction, and convenience for women.

MVA advantages

MVA has been used internationally for decades and has been shown to be safe and effective for surgical abortion.



MVA compared to EVA:

- It is as effective and acceptable as EVA and may have safety benefits¹
- MVA is affordable and versatile and can be delivered in the outpatient setting by mid-level providers using local anesthesia. This reduces the resources required for hospitalization and costs for women².
- There is also a reduced risk of complications from general anesthesia or sedation if MVA is performed in the outpatient setting, with a reduced post procedure recovery time³.
- MVA is portable and quiet. It is easily stored in space constrained settings and no electricity is required.

Surgical management of abortion can be performed with either manual or electric vacuum aspiration (MVA or EVA) or dilatation and evacuation (D&E). The method of surgical abortion depends on gestational age³:

Manual (MVA) and Electronic Vacuum Aspiration (EVA): Procedures to evacuate the contents of the uterus through a plastic or metal cannula, attached to a vacuum source



With MVA, the vacuum is created using a hand-held, hand-activated, plastic syringe.

EVA employs an electric vacuum pump.

Dilation & Evacuation (D&E): Procedure to evacuate uterine contents after dilation of the cervix. Used for second trimester

abortions.

MVA compared to D&C:

Manual vacuum aspiration should replace the D&C as a uterine evacuation method^{3,4}. Sharp curettage performed alone or in combination with vacuum aspiration is significantly more likely to be associated with complications including incomplete abortion than vacuum aspiration used alone⁵ D&C should be considered obsolete.

"D&C causes pain and suffering to women. Its use is incompatible with numerous human rights, including the right to health"³





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lpas MVA Plus[®]:

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